PTO/SB/06 (08-03)

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PATENT ADDITION FOR COMMERCE

_	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Application or Docket Number					
_	CLAIMS AS FILED PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR ASIC FEE	IUN	NUMBER FILED			NUMBER EXTRA		RATE	FEE	7	RATE	FEE
(3	7 CFR 1.16(a))						7		\$	1	INTE	
	TAL CLAIMS 7 CFR 1.16(c))		minus	20 =			1		 -	OR		\$
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	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						J I	+ \$=	 	OR	+ \$=	
"#	* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	L	OR	TOTAL	
	C	CLAIMS AS A	MENDE) – PA	RTII							
2)	(Column 1) (Column 2) (Column 3)					SMALL	ENTITY	OR		R THAN L ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NI PRE	GHEST JMBER VIOUSLY IDFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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JEN JEN	Independent (37 CFR 1.16(b))	. 2	Minus	***	10	= 7	1 [x s =			x \$ 52 =	07
AN	FIRST PRESEN	TATION OF MULTIF	LE DEPEND	DENT CL	VM (37 CF	R 1.16(d))	1			OR		100
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j)	-1-161	L						ADD'L FEE		OR	ADD'L FEE	80
/(, 0	(Column 1) CLAIMS	_		olumn 2) SHEST	(Column 3)	, ,		, ——,			
AMENDMENT B		REMAINING AFTER AMENDMENT		NU PRE\	MBER /IOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
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					(4	~~~~~ <u>~</u>	- /	ADD'L FEE		OR	ADD'L FEE	VILO
\neg		(Column 1) CLAIMS			umn 2)	(Column 3)	_			_		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
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The "Highest Number Previously Paid For" (Total or Independent) is tess than 5, enter 3.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE [OR **SMALL ENTITY FOR** NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE **BASIC FEE** 380.00 760.00 OR **TOTAL CLAIMS** minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X39 =X78= OR MULTIPLE DEPENDENT CLAIM PRESENT +130= OR +260= f the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) SMALL ENTITY (Column 2) (Column 3) SMALL ENTITY OR CLAIMS HIGHEST REMAINING ADDI-NUMBER ADDI-PRESENT **AMENDMENT AFTER** RATE PREVIOUSLY TIONAL RATE TIONAL **EXTRA** AMENDMENT PAID FOR FEE FEE a Total Minus X\$ 9= X\$18; OR Independent Minus X39= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +130= 260: OR TOTAL OR ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING ADDI-NUMBER PRESENT ADDI-AMENDMENT **PREVIOUSLY** AFTER RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus 0 X39= X78= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER ADDI-PRESENT ADDI-**AMENDMENT** AFTER PREVIOUSLY RATE **EXTRA** TIONAL RATE TIONAL **AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X39= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X78= OR +130= +260= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL TOTAL "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.